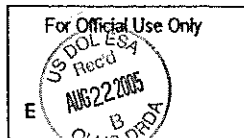


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10960</u>	2. Fiscal Year Covered From: <u>1/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Richard L. Seidel</u> P.O. Box, Bldg., Room No., if any Street <u>4128 W. Excell</u> City <u>Spokane Wash.</u> State <u>Washington</u> ZIP Code + 4 <u>99208</u>	4. Name, file number, and address of labor organization. Name <u>Laborers Union Local 238</u> Labor Organization File Number <u>023973</u> P.O. Box, Building and Room Number, if any Street <u>1330 N. Calispel</u> City <u>Spokane</u> State <u>Wash.</u> ZIP Code + 4 <u>99201-2316</u>
5. Position in labor organization. <u>Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Richard L. Seidel</u>	On <u>8-15-05</u> <u>1509</u> Date Telephone Number <u>328 6660</u>

Name of Person Filing	<i>Richard L. Seidel</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization <input checked="" type="radio"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <i>Washington - Idaho Laborers Employers Pension Trust</i> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <i>104 South Freya Ave. Suite 220</i> City <i>Spokane</i> State <i>Wash.</i> ZIP Code + 4 <i>99202-4867</i>	11.a. Nature of such dealing. <i>Pension Trust Meet Chelan Wash.</i> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <i>Room & Meals paid</i> 12.b. Amount. <i>404.04</i>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From: 1 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <i>Richard L. Seidel</i> P.O. Box, Bldg., Room No., if any Street <i>4128 W. Excell</i> City <i>Spokane</i> State <i>Wash.</i> ZIP Code + 4 <i>99208</i>	4. Name, file number, and address of labor organization. Name <i>Laborers Union Local 238</i> Labor Organization File Number <i>023973</i> P.O. Box, Building and Room Number, if any Street <i>1330 N. Calispel</i> City <i>Spokane</i> State <i>Wash.</i> ZIP Code + 4 <i>99201-2316</i>
5. Position in labor organization. <i>Field Representative</i> <i>pension Trustee</i>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Richard L. Seidel*

On *8-15-05*
Date

1(509)
3286660
Telephone Number

Richard L. Seidel

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>Washington - Idaho Laborers Employers Pension Trust</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>104 South Freya Ave. Suite 220</i></p> <p>City <i>Spokane</i></p> <p>State <i>WASH.</i> ZIP Code + 4 <i>99202-4867</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>Registration, Air fare, expenses Hotel Room for 50th annual Employee Benefits Conference in New Orleans, Louisiana</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>Registration for Conference \$915.00</i></p> <p><i>air fair 450.00</i></p> <p><i>per diem 600.00</i></p> <p><i>Hotel expen. 645.00</i></p> <p><i>Total \$1,695.00</i></p> <p>12.b. Amount. <i>\$2,610.00</i></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Laborers' International Union of North America

LOCAL NO. 238

1330 N. Calispel Street Phone (509) 328-6660
Spokane, Washington 99201-2316
Fax (509) 328-0600

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing year ending 12/31/04

Dear Sir or Madam:

Enclosed are my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection.

While there may be those individuals who have time to write down in detail every thing they do on a daily basis or have the ability to recount their daily activities by memory events that transpired over a year ago, I unfortunately am not one of those individuals. For that reason it may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record or any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so; I have relied upon the evolving guidance from the department. The enclosed report represents my best recollection and estimate all lawfully reported benefits that I received in 2004.

Sincerely,

Richard Seidel